

Application for Reestablishment Expenses

Project Title:		Parcel No.:
Displaced Person(s):	Date of Move:	Displacee No.:
Name of Business:		Telephone No.:

The following items are reimbursable reestablishment expenses. All eligible expenses must be considered to be reasonable and necessary by the city/county. **The reimbursement for expenses claimed will not exceed \$50,000, per WAC 468-100-306(1).** Documentation of expenses should be attached to this form.

	AMOUNTS
A. Repairs or improvements to the replacement real property as required by Federal, State or local law, code or ordinance	\$
B. Modifications to the replacement property to accommodate the business operation or make replacement structures suitable for conducting the business (excludes new construction and capital assets)	\$
C. Construction and installation costs for exterior signing to advertise the business	\$
D. Redecoration or replacement of soiled or worn surfaces at the replacement site	\$
E. Advertisement of the replacement location	\$
F. Increased costs of operation during the first two years at the replacement site	\$
G. Other items that the city/county considers essential to the reestablishment of the business	\$
Total Amount Claimed Above	\$
Previous Amounts Claimed	\$
Total Available for Reimbursement	\$

I hereby certify under penalty of perjury that the items and amounts listed herein are proper charges against the City/County, and I am authorized to sign for the claimant.

Signature of Applicant	Title	Date
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I certify that, to the best of my knowledge, this applicant meets all the criteria necessary for qualification for reestablishment expenses.

Relocation Supervisor	Date	City/County	Date
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AMOUNT APPROVED \$ _____